



FEDERAL ELECTION COMMISSION  
WASHINGTON, D.C. 20463

RQ-2

Timothy B. Schmidt, Treasurer  
Rod Grams for US Senate  
2013 Second Avenue N, Suite B2  
Anoka, MN 55303

JAN 24 2001

Identification Number: C00286054

Reference: 30 Day Post-General Report (10/19/00-11/27/00)

Dear Mr. Schmidt:

This letter is prompted by the Commission's preliminary review of the report(s) referenced above. The review raised questions concerning certain information contained in the report(s). An itemization follows:

-Schedule A of your report discloses contributions which appear to exceed the limits set forth in the Act. Copies of some, but not all, of the apparent excessive contributions are attached for your information. You should examine all of your contributions to check for additional excessives. The Committee's procedures for processing contributions should also be reviewed.

An individual or a political committee other than a qualified multicandidate committee may not make a contribution to a candidate for federal office in excess of \$1,000 per election. A qualified multicandidate committee and all affiliated committees may not make a contribution(s) to a candidate for federal office in excess of \$5,000 per election. The term "contribution" includes any gift, subscription, loan, advance, or deposit of money or anything of value made by any person for the purpose of influencing any election for federal office. (2 U.S.C. §441a(a) and (f); 11 CFR §110.1(b), (c) and (k))

Should your review determine that contributions were not completely or correctly reported, you should amend your original report using the correct information. If the contributions exceed the limits, you should either refund to the donor the amount in excess or request a written redesignation and/or reattribution of the contributions from the donor. All refunds,

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redesignations, and reattributions must be made within sixty days of receipt of the contribution. Copies of refund checks and copies of letters reattributing or redesignating the contributions in question may be used to respond to this letter. Refunds are reported on Line 20 of the Detailed Summary Page and on a supporting Schedule B of the report covering the period in which they are made. Redesignations and reattributions are reported as memo entries on Schedule A of the report covering the period in which the authorization for the redesignation and/or reattribution is received. (11 CFR §104.8(d)(2), (3) and (4))

The acceptance of excessive contributions is a serious problem. Again, the committee's procedures for processing contributions should be examined and corrected in order to avoid this problem. Although the Commission may take further legal action, prompt action by you to refund or seek redesignation and/or reattribution of the excessive amount will be considered.

-Schedule A supporting Line 11(a)(i), Column A of the Detailed Summary Page itemizes contributions from political party committees. These contributions should be reported on Line 11(b), Column A, of the Detailed Summary Page and itemized on a separate Schedule A.

-Schedule A of your report indicates that your committee may have failed to file one or more of the required 48 hour notices regarding "last minute" contributions received by your committee after the close of books for the 12 Day Pre-General report. A principal campaign committee must notify the Commission, in writing, within 48 hours of any contribution of \$1,000 or more received between two and twenty days before an election. These contributions are then reported on the next report required to be filed by the committee. To ensure that the Commission is notified of last minute contributions of \$1,000 or more to your campaign, it is recommended that you review your procedures for checking contributions received during the aforementioned time period. Although the Commission may take legal action, any response you wish to provide concerning this matter will be considered. (11 CFR §104.5(f))

-Your committee filed 48 hour notices reporting the following "last minute" contributions:

<u>Contributor</u>	<u>Date</u>	<u>Amount</u>
8 <sup>th</sup> Congressional District	10/30/00	\$1,000

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Christopher Cox Congressional Committee	10/27/00	\$1,000
Jim Ramstad Volunteer Committee	10/31/00	\$1,000

These contributions do not appear on Schedule A of this report. Please amend your report to include these contributions or provide an explanation of these apparent discrepancies.

-Commission Regulations require that a committee disclose the identification of all individuals who contribute in excess of \$200 in a calendar year. (11 CFR §104.3(a)(4)(i)) Identification for an individual is defined as the full name, mailing address, occupation and name of employer. (11 CFR §100.12) Your report discloses contributions from individuals for which the identification is not complete.

You must provide the missing information, or if you are unable to do so, you must demonstrate that "best efforts" have been used to obtain the information. To establish "best efforts," you must provide the Commission with a detailed description of your procedures for requesting the information. Establishing "best efforts" is a three-fold process.

First, your original solicitation must include a clear and conspicuous request for the contributor information and must inform the contributor of the requirements of federal law for the reporting of such information. (11 CFR §104.7(b)(1))

Second, if the information is not provided, you must make one follow-up, stand alone effort to obtain this information, regardless of whether the contribution(s) was solicited or not. This effort must occur no later than 30 days after receipt of the contribution and may be in the form of a written request or an oral request documented in writing. (11 CFR § 104.7(b)(2))  
The request must:

- clearly ask for the missing information, without soliciting a contribution;
- inform the contributor of the requirements of federal law for the reporting of such information, and
- if the request is written, include a pre-addressed post card or return envelope.

Third, if you receive contributor information after the contribution(s) has been reported, you shall either a) file with your next regularly scheduled

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report, an amended memo Schedule A listing all the contributions for which additional information was received; or b) file on or before your next regularly scheduled reporting date, amendments to the report(s) originally disclosing the contribution(s). (11 CFR §104.7(b)(4))

Please provide the missing information or a detailed description of your procedures for requesting the information. For more information on demonstrating "best efforts," please refer to the Campaign Guide.

-Commission Regulations define the term "purpose" to mean a brief statement or description of why a disbursement was made. Examples are "dinner expense", "media", "salary", "polling", "travel", "party fees", "phone banks", "travel expenses", "travel expense reimbursement" and "catering costs". Examples of election day and voter registration activity include "exit polling", "door-to-door get out the vote", "get out the vote phone calls" and "driving voters to the polls". Unacceptable descriptions, which require additional clarification, include but are not limited to "advance", "consulting", "commission", "contract labor", "election day expense", "expenses", "other expenses", "expense reimbursement", "miscellaneous", "outside services", "get-out-the-vote" and "voter registration". (11 CFR §104.3(b)(4)) Please amend Schedule B of your report to correct the descriptions which do not meet the requirements of the Regulations.

-Schedule D of your report fails to supply certain information. Commission Regulations require the full name and address of each creditor, the outstanding balance at the beginning and end of the reporting period, the amount incurred during this period, any payment made during this period, and the nature or purpose of each debt. All debts must be reported until extinguished or settled. Please amend your report to include the address. (11 CFR §104.11)

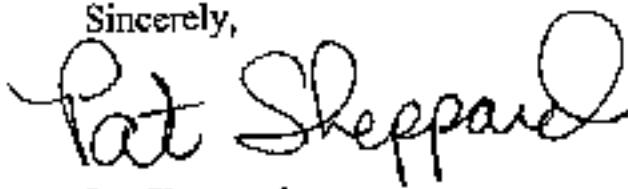
A written response or an amendment to your original report(s) correcting the above problem(s) should be filed with the Secretary of the Senate, 232 Hart Senate Office Building, Washington, DC 20510 within fifteen (15) days of the date of this letter. If you need assistance, please feel free to contact me on our toll-free number, (800) 424-9530 (at

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the prompt press 1, then press 2 to reach the Reports Analysis Division). My local number is (202) 694-1130.

Sincerely,

A handwritten signature in black ink, appearing to read "Pat Sheppard".

Pat Sheppard  
Assistant Branch Chief  
Reports Analysis Division

## SCHEDULE B

## ITEMIZED RECEIPTS

Use separate schedules  
for each category of the  
Detailed Summary Page

66 156

FOR LINE NUMBER  
11(a)(1)

Any information copied from such reports and statements may not be sold or used by any person for the purpose of soliciting contributions or  
for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (IN FULL)  
Rod Grams for U.S. Senate

A. Full Name, Mailing Address and zip Code Jim Ramstad 8100 Penn Av S Minneapolis, MN 55431- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer (Requested)	Date (month, day, year) 10/31/2000	Amount of Each Receipt this Period 1,000.00
B. Full Name, Mailing Address and zip Code Arnold Johnson PO Box 979 Brainerd, MN 56401- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation (Requested)	Aggregate Year-to-Date -> 1,000.00	
C. Full Name, Mailing Address and zip Code Bradley Johnson 500 County Road B E Maplewood, MN 55117-1816 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer (Requested)	Date (month, day, year) 10/21/2000	Amount of Each Receipt this Period 200.00
D. Full Name, Mailing Address and zip Code Clyde Johnson 5976 16th Ave. SE Saints Cloud, MN 56304- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation (Requested)	Aggregate Year-to-Date -> 200.00	
E. Full Name, Mailing Address and zip Code Corey Johnson 2511 1/2 E Street West Minneapolis, MN 55431 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Microm Molding Inc.	Date (month, day, year) 10/23/2000	Amount of Each Receipt this Period 250.00
F. Full Name, Mailing Address and zip Code Donald Johnson 1023 1/2 E Avenue South Bloomington, MN 55431-3343 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation Engineer	Aggregate Year-to-Date -> 750.00	
G. Full Name, Mailing Address and zip Code Donald Johnson 1023 1/2 E Avenue South Bloomington, MN 55431-3343 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Self	Date (month, day, year) 10/26/2000	Amount of Each Receipt this Period 10.00
H. Full Name, Mailing Address and zip Code Donald Johnson 1023 1/2 E Avenue South Bloomington, MN 55431-3343 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation Dentist	Aggregate Year-to-Date -> 175.00	
I. Full Name, Mailing Address and zip Code Donald Johnson 1023 1/2 E Avenue South Bloomington, MN 55431-3343 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Self	Date (month, day, year) 11/02/2000	Amount of Each Receipt this Period 20.00
J. Full Name, Mailing Address and zip Code Donald Johnson 1023 1/2 E Avenue South Bloomington, MN 55431-3343 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation Dentist	Aggregate Year-to-Date -> 195.00	

SUBTOTAL of Receipts This Page (optional)

3,555.00

TOTAL This Period (last page this line number only)

**SCHEDULE A****ITEMIZED RECEIPTS**For each category of the  
Detailed Summary PageFOR LINE NUMBER  
11(a) (i)

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

**NAME OF COMMITTEE (In Full)**  
 Rod Grains for U.S. Senate

A. Full Name, Mailing Address and Zip Code Lyle King 8400 Pennsylvania Rd S Apt 127 Bloomington, MN 55438-1171	Name of Employer (Requested)  Occupation (Requested)  Aggregate Year-to-Date ->	Date (month, day, year) 10/28/2000  1,000.00	Amount of Each Receipt this Period 1,000.00
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify)			
B. Full Name, Mailing Address and Zip Code Robert King 6122 Arctic Way Edina, MN 55436-1806	Name of Employer T & K Foods  Occupation VP of Purchasing  Aggregate Year-to-Date ->	Date (month, day, year) 10/28/2000  700.00	Amount of Each Receipt this Period 600.00
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General  <input type="checkbox"/> Other (specify)			
C. Full Name, Mailing Address and Zip Code Roger King 2011 Sugarwood Dr Orono, MN 55356-	Name of Employer UFE, Inc.  Occupation VP & CFO  Aggregate Year-to-Date ->	Date (month, day, year) 10/20/2000  200.00	Amount of Each Receipt this Period 100.00
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General  <input type="checkbox"/> Other (specify)			
D. Full Name, Mailing Address and Zip Code W.O. Kjarum 707 Adams St Mankato, MN 56001-4271	Name of Employer Self  Occupation Contractor  Aggregate Year-to-Date ->	Date (month, day, year) 10/27/2000  200.00	Amount of Each Receipt this Period 50.00
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General  <input type="checkbox"/> Other (specify)			
E. Full Name, Mailing Address and Zip Code Kent Kjellberg 2000 Kjellberg Park W Kjellberg's Inc Monticello, MN 55362-	Name of Employer Kjellberg's Inc.  Occupation Owner  Aggregate Year-to-Date ->	Date (month, day, year) 11/13/2000  200.00	Amount of Each Receipt this Period 50.00
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General  <input type="checkbox"/> Other (specify)			
F. Full Name, Mailing Address and Zip Code Robert Klas 697 Goodrich Ave Saint Paul, MN 55105-3525	Name of Employer (Requested)  Occupation (Requested)  Aggregate Year-to-Date ->	Date (month, day, year) 11/02/2000  1,000.00	Amount of Each Receipt this Period 1,000.00
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General  <input type="checkbox"/> Other (specify)			
G. Full Name, Mailing Address and Zip Code Robert Klas 697 Goodrich Ave Saint Paul, MN 55105-3525	Name of Employer (Requested)  Occupation (Requested)  Aggregate Year-to-Date ->	Date (month, day, year) 11/02/2000  2,000.00	Amount of Each Receipt this Period 1,000.00
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General  <input type="checkbox"/> Other (specify)			

**SUBTOTAL of Receipts This Page (optional)**

3,600.00

**TOTAL This Period (last page this line number only)**

## SCHEDULE A

## ITEMIZED RECEIPTS

Use separate schedule  
for each category of the  
Detailed Summary Page

124 156

FGR LINE NUMBER  
11(a) (i)

any information copied from such Report and Statement may not be sold or used by any person for the purpose of soliciting contributions or  
for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
Rod Grams for U.S. Senate

A. Full Name, Mailing Address and Zip Code Josef Ruzicka 1705 Summit Avenue Saint Paul, MN 55105 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Requested Occupation Requested Aggregate Year-to-Date -> 200.00	Date (month, day, year) 11/02/2000	Amount of Each Receipt this Period 50.00
B. Full Name, Mailing Address and Zip Code David Ryan 2920 Linden Dr. Saint Paul, MN 55112-9406 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Coldwell Banker Burnet Occupation Realtor Aggregate Year-to-Date -> 200.00	Date (month, day, year) 11/02/2000	Amount of Each Receipt this Period 50.00
C. Full Name, Mailing Address and Zip Code Linda Ryan 2730 177th Lane NW Andover, MN 55304 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Self Occupation Sales Aggregate Year-to-Date -> 320.00	Date (month, day, year) 11/06/2000	Amount of Each Receipt this Period 50.00
D. Full Name, Mailing Address and Zip Code Patrick Ryan 15170 Boulder Point Road Eden Prairie, MN 55347- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Ryan Companies Occupation President Aggregate Year-to-Date -> 2,000.00	Date (month, day, year) 10/20/2000	Amount of Each Receipt this Period 2,000.00
E. Full Name, Mailing Address and Zip Code Robert Ryan 2262 W Lake of the Isles Minneapolis, MN 55405- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer (Requested) Occupation (Requested) Aggregate Year-to-Date -> 500.00	Date (month, day, year) 10/23/2000	Amount of Each Receipt this Period 500.00
F. Full Name, Mailing Address and Zip Code Cathy Rydell 18768 The Pines Eden Prairie, MN 55344- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer (Requested) Occupation (Requested) Aggregate Year-to-Date -> 250.00	Date (month, day, year) 10/21/2000	Amount of Each Receipt this Period 250.00
G. Full Name, Mailing Address and Zip Code Daniel Ryweck 3324 Gettysburg Ave. S Saint Louis Park, MN 55426- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Self-Employed Occupation Accountant Aggregate Year-to-Date -> 1,200.00	Date (month, day, year) 10/28/2000	Amount of Each Receipt this Period 200.00

SUBTOTAL of Receipts This Page (optional)

3,100.00

TOTAL This Period (last page this line number only)

**SCHEDULE A****ITEMIZED RECEIPTS**Use separate schedules  
for each category of the  
Detailed Summary Page

124 156

FOR LINE NUMBER  
11(a) (i)

Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

**NAME OF COMMITTEE (In Full)**  
Rod Grams for U.S. Senate

A. Full Name, Mailing Address and Zip Code Joseph Ruzicka 1705 Summit Avenue Saint Paul, MN 55105 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Requested Occupation Requested Aggregate Year-to-Date ->	Date (month, day, year) 11/02/2000 200.00	Amount of Each Receipt this Period 50.00
B. Full Name, Mailing Address and Zip Code David Ryan 2910 Linden Dr. Appt. F Saint Paul, MN 55112-8406 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Coldwell Banker Burnet Occupation Realtor Aggregate Year-to-Date ->	Date (month, day, year) 11/02/2000 200.00	Amount of Each Receipt this Period 50.00
C. Full Name, Mailing Address and Zip Code Linda Ryan 2730 177th Lane NW Andover, MN 55304 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Self Occupation Sales Aggregate Year-to-Date ->	Date (month, day, year) 11/06/2000 320.00	Amount of Each Receipt this Period 50.00
D. Full Name, Mailing Address and Zip Code Peter & Ryan 15370 Bunker Point Road Eden Prairie, MN 55347- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Ryan Companies Occupation President Aggregate Year-to-Date ->	Date (month, day, year) 10/20/2000 2,000.00	Amount of Each Receipt this Period 2,000.00
E. Full Name, Mailing Address and Zip Code Robert J. Ryan 2262 W Lake of the Isles Minneapolis, MN 55405- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer (Requested) Occupation (Requested) Aggregate Year-to-Date ->	Date (month, day, year) 10/23/2000 500.00	Amount of Each Receipt this Period 500.00
F. Full Name, Mailing Address and Zip Code Cathy Rydell 18768 Pine Pines Eden Prairie, MN 55344- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer (Requested) Occupation (Requested) Aggregate Year-to-Date ->	Date (month, day, year) 10/21/2000 250.00	Amount of Each Receipt this Period 250.00
G. Full Name, Mailing Address and Zip Code Daniel Ryweck 3329 Gettysburg Ave. S Saint Louis Park, MN 55426- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Self-Employed Occupation Accountant Aggregate Year-to-Date ->	Date (month, day, year) 10/28/2000 1,200.00	Amount of Each Receipt this Period 200.00

**SUBTOTAL of Receipts This Page (optional)**

3,100.00

**TOTAL this Period (last page this line number only)**

**SCHEDULE A****ITEMIZED RECEIPTS**Use separate schedules  
for each category of the  
Detailed Summary Page

125 156

FOR LINE NUMBER  
11(a)(i)

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**NAME OF COMMITTEE (In Full)**

Rod Grimes for U.S. Senate

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Daniel Rywec 3324 Gettysburg Ave. S  Saint Louis Park, MN 55426-	Self-Employed	10/28/2000	1,000.00
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify)	Occupation		
	Aggregate Year-to-Date ->	2,200.00	
B. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Edwinne Dachs 914 E Lake St. Ne  Forest Lake, MN 55025-9443	Self	10/24/2000	100.00
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify)	Occupation		
	Aggregate Year-to-Date ->	200.00	
C. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Donald Sage 2925 Lincoln Dr Apt 318  Roseville, MN 55113-1347		11/03/2000	100.00
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify)	Occupation		
	Aggregate Year-to-Date ->	200.00	
D. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Susad Sampson 915 Minnesota St  Babbitt, MN 56746-1679	None	10/31/2000	25.00
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify)	Occupation		
	Aggregate Year-to-Date ->	200.00	
E. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Daryl Sandberg 1013 W 5th St  Minneapolis, MN 55411-	Sandberg Prosthetic Services	11/03/2000	120.00
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify)	Occupation		
	Aggregate Year-to-Date ->	240.00	
F. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Margrete Sandberg PO Box 1125  Kennedy, MN 56733	Self	10/23/2000	100.00
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify)	Occupation		
	Aggregate Year-to-Date ->	500.00	
G. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Chad Sanday 3101 1/2 176th St E  Prior Lake, MN 55372-2822	MFC Properties Corp	11/06/2000	100.00
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify)	Occupation		
	Aggregate Year-to-Date ->	400.00	

SUBTOTAL of Receipts This Page (optional)	1,545.00
TOTAL This Period (last page this line number only)	

## ITEMIZED RECEIPTS

use separate schedules for each category of the detailed summary page

136 | 156

FOR LINE NUMBER  
11(a)(i)

Any information copied from such reports and statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

**NAME OF COMMITTEE (In Full)**  
Rod Grams for U.S. Senate

A. Full Name, Mailing Address and Zip Code Vally Sokol 627 Lexington Parkway North Saint Paul, MN 55104-2021	Name of Employer Self	Date (month, day, year) 10/21/2000	Amount of Each Receipt This Period 50.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation Retired	Aggregate Year-to-Date -> 315.00	
B. Full Name, Mailing Address and Zip Code Vally Sokol 627 Lexington Parkway North Saint Paul, MN 55104-2021	Name of Employer Self	Date (month, day, year) 11/02/2000	Amount of Each Receipt This Period 40.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation Retired	Aggregate Year-to-Date -> 355.00	
C. Full Name, Mailing Address and Zip Code Madelyn Soule 16500 3/4 3rd Avenue Princeton, MN 55371-8432	Name of Employer Self	Date (month, day, year) 10/26/2000	Amount of Each Receipt This Period 50.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation Retired	Aggregate Year-to-Date -> 185.00	
D. Full Name, Mailing Address and Zip Code Madelyn Soule 16500 3/4 3rd Avenue Princeton, MN 55371-8432	Name of Employer Self	Date (month, day, year) 11/02/2000	Amount of Each Receipt This Period 25.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation Retired	Aggregate Year-to-Date -> 210.00	
E. Full Name, Mailing Address and Zip Code Lawrence Sowles 2813 Bryant Ave. S Minneapolis, MN 55406-	Name of Employer Sowles Properties Limited	Date (month, day, year) 10/26/2000	Amount of Each Receipt This Period 20.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation Contractor	Aggregate Year-to-Date -> 220.00	
F. Full Name, Mailing Address and Zip Code David Spalding 19 Hilltop Rd Bronxville, NY 10708-1814	Name of Employer (Requested)	Date (month, day, year) 10/31/2000	Amount of Each Receipt This Period 2,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation (Requested)	Aggregate Year-to-Date -> 2,000.00	
G. Full Name, Mailing Address and Zip Code Ruth Carol Spatz 28235 Bowditch Circle Excelsior, MN 55331-8325	Name of Employer Osmomics Inc.	Date (month, day, year) 10/23/2000	Amount of Each Receipt This Period 500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation Executive	Aggregate Year-to-Date -> 650.00	

SUBTOTAL of Receipts This Page (optional)

2,685.00

TOTAL This Period (last page this line number only)

## SCHEDULE A

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

80 156

FOR LINE NUMBER  
11(a)(i)

Any information copied from such Receipts and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

## NAME OF COMMITTEE (In Full)

Rod Grams for U.S. Senate

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Carl Kuhrmeyer 13 Oriole Lane  North Oaks, MN 55127-6334	Self	10/26/2000	500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General  <input type="checkbox"/> Other (specify)	Occupation Retired	Aggregate Year-to-Date -> 1,500.00	
B. Full Name, Mailing Address and Zip Code  Carl Kunnari 695 Toimi Rd  Brimson, MN 55602-8116	Name of Employer Self	Date (month, day, year) 10/19/2000	Amount of Each Receipt this Period 50.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General  <input type="checkbox"/> Other (specify)	Occupation Retired	Aggregate Year-to-Date -> 175.00	
C. Full Name, Mailing Address and Zip Code  Carl Kunnari 695 Toimi Rd  Brimson, MN 55602-8116	Name of Employer Self	Date (month, day, year) 10/30/2000	Amount of Each Receipt this Period 50.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General  <input type="checkbox"/> Other (specify)	Occupation Retired	Aggregate Year-to-Date -> 225.00	
D. Full Name, Mailing Address and Zip Code  Daniel Lambert 1051 Marie Av. W  Minneapolis Heights, MN 55118-	Name of Employer (Requested)	Date (month, day, year) 10/28/2000	Amount of Each Receipt this Period 200.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General  <input type="checkbox"/> Other (specify)	Occupation (Requested)	Aggregate Year-to-Date -> 200.00	
E. Full Name, Mailing Address and Zip Code  Timothy Lane 21250 Excelsior Blvd  Excelsior, MN 55331-8741	Name of Employer Healtheast	Date (month, day, year) 11/02/2000	Amount of Each Receipt this Period 100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General  <input type="checkbox"/> Other (specify)	Occupation Physician	Aggregate Year-to-Date -> 200.00	
F. Full Name, Mailing Address and Zip Code  Edward Larson 1051 Fremont St  Anoka, MN 55303-1975	Name of Employer N/A	Date (month, day, year) 10/21/2000	Amount of Each Receipt this Period 50.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General  <input type="checkbox"/> Other (specify)	Occupation Retired	Aggregate Year-to-Date -> 200.00	
G. Full Name, Mailing Address and Zip Code  Ken Larson 3060 Centerville Rd  Saint Paul, MN 55117-	Name of Employer Slumberland	Date (month, day, year) 10/27/2000	Amount of Each Receipt this Period 1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General  <input type="checkbox"/> Other (specify)	Occupation President	Aggregate Year-to-Date -> 1,000.00	

SUBTOTAL of Receipts This Page (optional)

1,950.00

TOTAL This Period (last page this line number only)

## SCHEDULE A

## ITEMIZED RECEIPTS

Use separate schedule for each category of the  
Detailed Summary Page

81 156

FOR LINE NUMBER  
11(a) (i)

Any information supplied from such Reports and Statements may not be used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

## NAME OF COMMITTEE (In Full)

Rod Grams for U.S. Senate

A. Full Name, Mailing Address and Zip Code Ken Larson 3060 Centerville Rd Saint Paul, MN 55117-	Name of Employer Slumberland Occupation President	Date (month, day, year) 10/27/2000	Amount of Each Receipt this Period 1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date -> 2,000.00		
B. Full Name, Mailing Address and Zip Code Sheldon Larson Box B. P.O. Box 114 Winthrop, MN 55396	Name of Employer Self Occupation Retired	Date (month, day, year) 10/23/2000	Amount of Each Receipt this Period 100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date -> 200.00		
C. Full Name, Mailing Address and Zip Code Vern Larson 13552 Mayberry Trl Marine on St Croix, MN 55047-	Name of Employer Mohawk Moving Occupation (Requested)	Date (month, day, year) 11/03/2000	Amount of Each Receipt this Period 1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date -> 2,000.00		
D. Full Name, Mailing Address and Zip Code Randolph Lasota 196 Birchwood Dr Burnsville, MN 55337	Name of Employer Northwest Airlines Occupation Pilot	Date (month, day, year) 10/20/2000	Amount of Each Receipt this Period 100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date -> 200.00		
E. Full Name, Mailing Address and Zip Code Dan Lastovich 332 Pondridge Cir Wayzata, MN 55391-1373	Name of Employer Piper Jaffray Occupation Executive	Date (month, day, year) 11/03/2000	Amount of Each Receipt this Period 500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date -> 500.00		
F. Full Name, Mailing Address and Zip Code Milend Lathrop 2974 Pitrina Way Saint Paul, MN 55117-4633	Name of Employer Self Occupation Retired	Date (month, day, year) 11/07/2000	Amount of Each Receipt this Period 100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date -> 475.00		
G. Full Name, Mailing Address and Zip Code Melissa Latourell 1115 Pioneer Rd Ely, MN 55731-	Name of Employer (Requested) Occupation (Requested)	Date (month, day, year) 10/26/2000	Amount of Each Receipt this Period 200.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date -> 200.00		

SUBTOTAL of Receipts This Page (optional)

3,000.00

TOTAL This Period (last page this line number only)

**SCHEDULE A****ITEMIZED RECEIPTS**

Use separate schedules  
for each category of the  
Detailed Summary Page

B1 156

FOR LINE NUMBER  
11(a) (i)

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**NAME OF COMMITTEE (In Full)**  
**Rod Grams for U.S. Senate**

A. Full Name, Mailing Address and Zip Code Ken Larson 3060 Centerville Rd Saint Paul, MN 55117-	Name of Employer Slumberland Occupation President	Date (month, day, year) 10/27/2000	Amount of Each Receipt this Period 1,000.00
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date -> 2,000.00		
B. Full Name, Mailing Address and Zip Code Sheldon Larson Box B. Winthrop, MN 55396	Name of Employer Self Occupation Retired	Date (month, day, year) 10/23/2000	Amount of Each Receipt this Period 100.00
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date -> 200.00		
C. Full Name, Mailing Address and Zip Code Vern Larson 13552 Mayberry Trl Marine on St Croix, MN 55047-	Name of Employer Mohawk Moving Occupation (Requested)	Date (month, day, year) 11/03/2000	Amount of Each Receipt this Period 1,000.00
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date -> 2,000.00		
D. Full Name, Mailing Address and Zip Code Randolph Lassota 196 Pinewood Dr Burnsville, MN 55337	Name of Employer Northwest Airlines Occupation Pilot	Date (month, day, year) 10/20/2000	Amount of Each Receipt this Period 100.00
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date -> 200.00		
E. Full Name, Mailing Address and Zip Code Dan Lastavich 332 Pondridge Cir Wayzata, MN 55391-1373	Name of Employer Piper Jaffray Occupation Executive	Date (month, day, year) 11/03/2000	Amount of Each Receipt this Period 500.00
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date -> 500.00		
F. Full Name, Mailing Address and Zip Code Miland Lathrop 2974 Pitkina Way Saint Paul, MN 55117-4633	Name of Employer Self Occupation Retired	Date (month, day, year) 11/07/2000	Amount of Each Receipt this Period 100.00
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date -> 475.00		
G. Full Name, Mailing Address and Zip Code Melissa Latourell 1115 Pioneer Rd Ely, MN 55731-	Name of Employer (Requested) Occupation (Requested)	Date (month, day, year) 10/26/2000	Amount of Each Receipt this Period 200.00
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date -> 200.00		

**SUBTOTAL** of Receipts This Page (optional)

3,000.00

**TOTAL** This Period (last page this line number only)

## SCHEDULE A

## ITEMIZED RECEIPTS

Use Separate Schedule A  
for each category of the  
Detailed Summary Page

41 50

FOR LINE NUMBER  
11(a)(i)

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## NAME OF COMMITTEE (In Full)

Rod Grants for U.S. Senate

A. Full Name, Mailing Address and Zip Code Mr. Ernest Larson 4600 77th Street West #305 Minneapolis, MN 55435	Name of Employer Self	Date (month, day, year) 10/17/2000	Amount of Each Receipt this Period 200.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation Retired	Aggregate Year-to-Date -> 650.00	
B. Full Name, Mailing Address and Zip Code Mr. Kent Larson 1034 Sherwood Rd Saint Paul, MN 55126-	Name of Employer (Requested)	Date (month, day, year) 10/17/2000	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation (Requested)	Aggregate Year-to-Date -> 250.00	
C. Full Name, Mailing Address and Zip Code Mr. Vern Larson 13552 Mayberry Trl Marine on St Croix, MN 55047-	Name of Employer (Requested)	Date (month, day, year) 10/17/2000	Amount of Each Receipt this Period 1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation (Requested)	Aggregate Year-to-Date -> 1,000.00	
D. Full Name, Mailing Address and Zip Code Mr. Lawrence T. Lechner 1457 Plymouth Ave NE Forest Lake, MN 55025-3248	Name of Employer Self	Date (month, day, year) 10/18/2000	Amount of Each Receipt this Period 20.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation Retired	Aggregate Year-to-Date -> 220.00	
E. Full Name, Mailing Address and Zip Code Mr. Thomas J. Lewis 1074 Cedar Heights Tr S Hastings, MN 55033	Name of Employer Self	Date (month, day, year) 10/05/2000	Amount of Each Receipt this Period 100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation Retired	Aggregate Year-to-Date -> 500.00	
F. Full Name, Mailing Address and Zip Code Mr. Alan B. Lindner 8839 Dixie Indian Hill Rd Cincinnati, OH 45243-	Name of Employer (Requested)	Date (month, day, year) 10/13/2000	Amount of Each Receipt this Period 1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation (Requested)	Aggregate Year-to-Date -> 1,000.00	
G. Full Name, Mailing Address and Zip Code Mr. Carl H. Lindner III 9456 Whitegate Ln Cincinnati, OH 45243-	Name of Employer (Requested)	Date (month, day, year) 10/13/2000	Amount of Each Receipt this Period 1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation (Requested)	Aggregate Year-to-Date -> 1,000.00	

SUBTOTAL of Receipts This Page (optional)

3,570.00

TOTAL This Period (last page this line number only)

